TERRACE AT ST FRANCIS
3200 SOUTH 20TH STREET

MI LWAUKEE Ownershi p: Nonprofit Church/Corporation 53215 Phone: (414) 389-3200 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): 81 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 81 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 75 74 Average Daily Census: \* \*

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	68. 9
Supp. Home Care-Personal Care	No					1 - 4 Years	24. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	6.8	More Than 4 Years	6.8
Day Services	No	Mental Illness (Org./Psy)	5.4	65 - 74	8. 1		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	36. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	39. 2	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	9. 5	Full-Time Equivale	nt
Congregate Meals	No	Cancer	6. 8	ĺ	ĺ	Nursing Staff per 100 R	esi dents
Home Delivered Meals	No	Fractures	4. 1	İ	100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	14. 9	65 & 0ver	93. 2		
Transportation	No	Cerebrovascul ar	5. 4	<sup>'</sup>		RNs	18. 8
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	2. 2
Other Services	No	Respiratory	10.8		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	52. 7	Male	31. 1	Aides, & Orderlies	36. 1
Mentally Ill	No			Female	68. 9		
Provi de Day Programming for		ĺ	100. 0	İ	j		
Developmentally Disabled	No	İ		ĺ	100. 0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay		]	Family Care		]	Managed Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	13	100. 0	318	2	11. 8	130	0	0.0	0	2	5. 1	210	0	0. 0	0	1	25. 0	313	18	24. 3
Skilled Care	0	0.0	0	14	82. 4	111	0	0.0	0	37	94. 9	187	1	100.0	111	3	<b>75.</b> 0	222	55	74. 3
Intermedi ate				1	5. 9	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	13	100.0		17	100.0		0	0.0		39	100.0		1	100.0		4	100.0		74	100.0

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TERRACE AT ST FRANCIS

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01								
Deaths During Reporting Period				% Needing		Total				
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of			
Private Home/No Home Health	0.4	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents			
Private Home/With Home Health	0.0	Bathi ng	16. 2		67. 6	16. 2	74			
Other Nursing Homes	0.0	Dressi ng	16. 2		67. 6	16. 2	74			
Acute Care Hospitals	99. 3	Transferring	16. 2		67. 6	16. 2	74			
Psych. HospMR/DD Facilities	0. 0	Toilet Use	16. 2		67. 6	16. 2	74			
Rehabilitation Hospitals	0. 0	Eating	83. 8		0. 0	16. 2	74			
Other Locations	0. 2	***************	******	*****	*****	*********	*****			
Total Number of Admissions	448	Continence		%	Special Trea		%			
Percent Discharges To:		Indwelling Or Externa		13. 5		Respiratory Care	17. 6			
Private Home/No Home Health	59. 4	0cc/Freq. Incontinent		35. 1		Tracheostomy Care	0. 0			
Private Home/With Home Health	0.0	0cc/Freq. Incontinent	of Bowel	31. 1		Suctioning	0. 0			
Other Nursing Homes	6. 5					Ostomy Care	0. 0			
Acute Care Hospitals	13. 4	Mobility	_			Tube Feeding	2. 7			
Psych. Hosp MR/DD Facilities	0.0	Physically Restrained	i	0.0	Recei vi ng	Mechanically Altered Diets	40. 5			
Rehabilitation Hospitals	0.0				0.1 5 11					
Other Locations	3. 1	Skin Care				ent Characteristics	~. ^			
Deaths	17. 6	With Pressure Sores		9. 5		ice Directives	74. 3			
Total Number of Discharges	440	With Rashes		0.0	Medi cati ons	n 1 n	00.0			
(Including Deaths)	448				Kecei vi ng	Psychoactive Drugs	62. 2			

Ownershi p: Bed Size: Li censure: Nonprofit 50-99 Skilled Al l Thi s Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 92.6 88. 9 1.04 86. 3 1.07 82.7 1. 12 84. 6 1.09 Current Residents from In-County 98.6 88. 1 1. 12 89. 4 1. 10 **85**. 3 1. 16 77. 0 1. 28 Admissions from In-County, Still Residing 11.4 22.9 0.50 19. 7 0.58 21. 2 0.54 20.8 0.55 597.3 Admissions/Average Daily Census 129.6 4.61 180. 6 3.31 148. 4 4.02 128. 9 4.63 Discharges/Average Daily Census 597.3 133.7 4.47 184. 0 3. 25 150. 4 3.97 130.0 4.59 Discharges To Private Residence/Average Daily Census 354.7 47.6 7.45 80.3 4.42 **58.** 0 6. 12 52. 8 6.72 Residents Receiving Skilled Care 98.6 90. 5 1.09 95. 1 1.04 91.7 1.08 85.3 1. 16 Residents Aged 65 and Older 93. 2 97.0 0.96 90.6 1.03 91.6 87. 5 1.02 1.07 Title 19 (Medicaid) Funded Residents 23.0 **56.** 0 51.8 0.44 64. 4 0.36 68. 7 0.33 0.41 Private Pay Funded Residents 23.8 22. 0 52.7 35. 1 1. 50 32.8 1.61 2. 22 2.39 Developmentally Disabled Residents 0. 5 0.00 1.3 0.00 0. 9 7. 6 0.0 0.00 0.00 Mentally Ill Residents 5.4 30. 9 0.17 32. 1 0.17 32. 2 0.17 33.8 0.16 General Medical Service Residents 52. 7 27.3 1.93 22.8 2.31 23. 2 2.27 19. 4 2.71 49.3 Impaired ADL (Mean) 43. 2 50.3 0.86 50. 0 0.86 51.3 0.84 0.88 Psychological Problems 62. 2 52.4 1.19 55. 2 1. 13 50. 5 1. 23 51. 9 1. 20 Nursing Care Required (Mean) 1. 24 7. 8 1. 13 7. 2 8.8 7. 1 1. 22 7. 3 1. 20